PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
APPLICATION FOR					FILED			
DOCUMENT # N9200000161					70002FE8-26-4AN-3627 02/26/0301055004 **122.50			
1. Corporation Name PROJECT GRADUATION-CITRUS HIGH, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address								
1994 して し. HIGHLAND P.O. BOX 1994 INVERNESS FL 34450 BLUD. US								
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable								
Suite, Apt.	W. HIGHLAND BLVD	Suite, Apt. #.	•	Applicable	4. Date Incorporated or Qualified To Do Business in Florida 10/30/1992			
		City & State			5. FEI Number	59-3158400	Applied For	
1 NVE Zip	INVERNESS +L		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s) 1				et Address of Each cer and/or Director	City / State / Zin			
CSD	MCLAIN, VICKEY MARY L. CRAIG				INVERNESS FL 34450-			
CDT	MARY L. CRAIG		330 E. TANGELO LN 107. NAPOPKA AVE		INVERNESS FL			
	DONNA MAC. DUN	1616 DICKINSON ST		ST	34450			
CD	WINDHAM, LAURA INGER STIJART		1581 S WINDHAM RD 90916 E. PINEHURST (-		ST (T			
								
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
MCLAIN, VICKEY MARY						L. CRAIG O. Box Number is Not Acceptable) E. TANGELD LN		
816 S WATERVIEW DR INVERNESS EL 34450					E. TANGELD LN			
City State Zip Code								
INVERNESS FL 34453								
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.								
Signature of Registered Agent Agent Agent Agent MUST SIGN Date 2/25/03								
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAGE Days Days Days Days Days Days Days Days								

Project Graduation Citrus High 2003 Post Office Box 1994 Inverness, FL 34451-1994

January 20, 2003

Dear Sir or Madam:

Project Graduation Citrus High is a not for profit organization serving graduating seniors. Every year the organization provides a drug-free, alcohol-free and tobacco-free party to keep our seniors safe the night of graduation.

This organization is served by an all-volunteer group of parents, teachers and friends. We raise funds through direct donations and activities designed to provide cash, food and prizes for the party. Other than seed money for the next year, we use every dollar raised. None of our members is paid.

The UBR was not filed last year to maintain the active status of the corporation. The person responsible for the report did not receive the UBR. We hope to rectify the problem by filing now and communicating to subsequent volunteers the importance of filing timely. As Co-chair for Project Graduation this year, my plan is to provide a calendar to the next class, which will include the date by which filing must be completed.

Enclosed with this letter are our filing fees for two years. We would appreciate having the penalty waived and wait your ruling on this.

Sincerely,

Lea Craig, Co-Chairland Registered Agent Project Graduation Citrus High